

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: B-143
L. S. Elevation: _____
B-log #: _____

County: JACKSON
Permit #: _____
Driller: BOB SMITH
Date drilling completed: 2-28-06

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

| Well Owner Information | Well Location |
|---|---|
| Owner Name: <u>JOHN CRIFAN</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>LOT 8</u> <u>CLAWSON ROAD</u> <u>CLAWSON MS 38618</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | Distance _____ Miles Direction _____ of Nearest Town _____ |
| Telephone No. <u>901 671-0489</u> | |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 2-28-06 Date well drilling completed: 2-28-06

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 2-28-06

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 185 Well depth: 185 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 165 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 1/4" x 1/8" inches Setting depth: From 165 feet to 185 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): WASHED SAND

Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

BOB SMITH 0645
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

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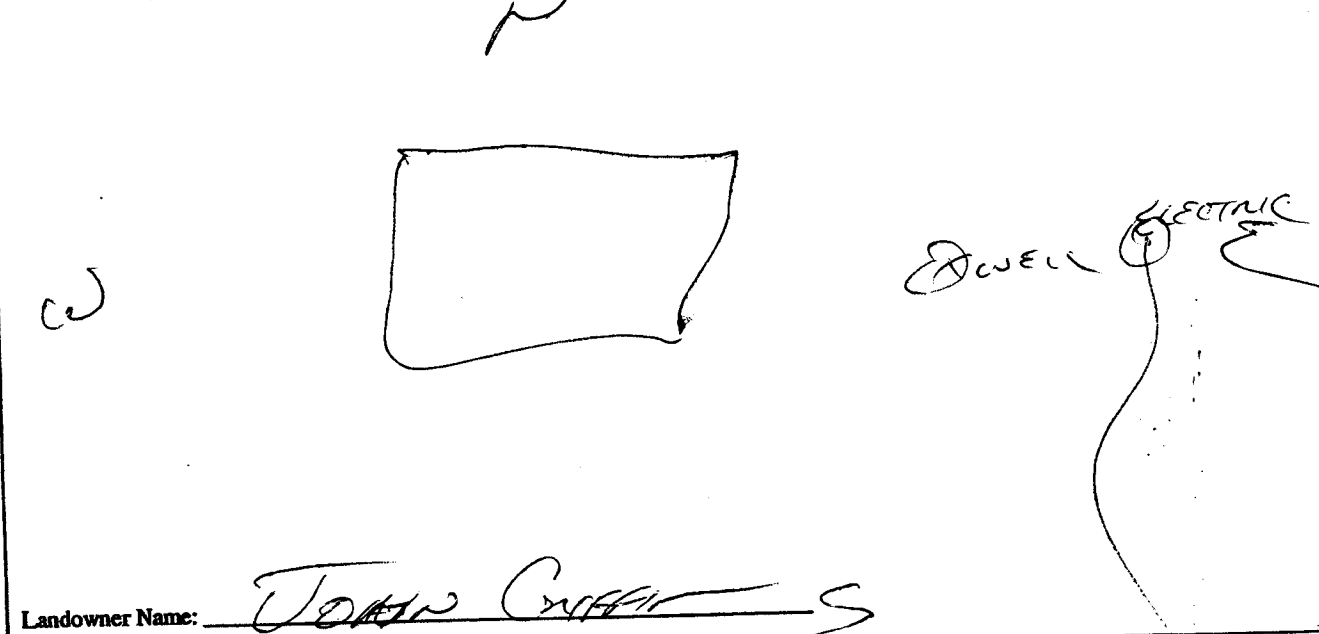
If well telescopes please sketch below and show depths.

Ground Level

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| TOP SOIL | 0 | 5 |
| Brown CLAY | 5 | 40 |
| GRAVEL | 40 | 45 |
| WHITE CLAY | 45 | 90 |
| WHITE CLAY + SAND | 90 | 140 |
| WHITE SAND | 140 | 185 |
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If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: JOHN CRUELL

[Signature]
Signature of Water Well Contractor

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: B-143

Elevation: _____

County: Tate

Permit #: _____

Driller: Bob Smith

Date completed: 7-28-06

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

| Well Owner Information | Well Location |
|---|---|
| Owner Name: <u>Bob Smith</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>Lot 8</u> <u>Coahoma Road</u> <u>Coahoma MS 38618</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | <u>1/4</u> <u>1/4</u> Sec <u>C-33</u> Twn <u>T45</u> Rng <u>R7W</u> |
| Telephone No. <u>906 674-0489</u> | Distance: _____ Direction: _____ Nearest Town: _____ |
| | <u>2</u> Miles <u>E</u> of <u>Coahoma</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift: Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/> | Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> |
| Bucket: Piston <input type="radio"/> Turbine <input type="radio"/> | <u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> |
| Centrifugal: Rotary <input type="radio"/> Flowing Well <input type="radio"/> | Windmill <input type="radio"/> Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1 1/2</u> |
| Date Pump Installed: <u>7-28-06</u> | Setting Depth: <u>130</u> feet |
| Rated Pump Capacity: <u>20</u> Gallons Per Minute | Number of Stages: <u>15</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: <u>7-28-06</u> | Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input checked="" type="radio"/> Steel Tape <input type="radio"/> |
| Static Water Level (A): <u>80</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>87</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>7</u> Feet Below Land Surface | Well yielded <u>27</u> GPM with a drawdown of |
| Test Pumping Rate: <u>27</u> Gallons Per Minute | <u>7</u> feet after _____ hours of pumping |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Bob Smith 0645
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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 7/28/06
 BY: BLWR